

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/503,720

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	2					
4	1					
5	2					
6	1					
7	2					
8	1					
9						
10	1					
11						
12	1					
13	3					
14						
15	1					
16	1					
17	1					
18	1	2				
19	2	1				
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TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	17	↔	↔	↔	↔	↔
TOTAL CLAIMS	19	DOWN	UP	UP	UP	UP

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	17	↔	↔	↔	↔	↔
TOTAL CLAIMS	19	DOWN	UP	UP	UP	UP

U.S. DEPARTMENT OF COMMERCE

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